

**From:** Brad Madrid <brad.madrid@pharmsmgmt.com>  
**To:** Brian Swiensinski <brianski9966@gmail.com>  
**Sent:** 11/23/2015 8:04:41 PM  
**Subject:** FW: New Rx from Buck

**Compounds, patches, Dermawerx, Omega wellness caps NOT COVERED. Only product covered are Lidocaine(hitech) + PNA Diclofenac.**

	ORIGINAL FORMULA	PATCHES	DERMAWERX	OMEGA WELLNESS	LIDOCAINE	PNA DICLOFENAC
KIMBERLY HOHMANN	NOT COVERED				\$1,1452.99	\$810.20
SOFIA KOSZORU					\$992.26	\$687.47
NICK HOHMANN					\$1,142.99	\$810.20
CATHERINE HOHMANN					\$1,142.99	\$810.20



Thuy Nguyen, CPhT | Customer Service Specialist | [thuy.nguyen@omniplushealthcare.com](mailto:thuy.nguyen@omniplushealthcare.com) | (713) 874-0313 direct | (713) 874-0300 pharmacy | (713) 874-0314 fax  
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**From:** Brad Madrid  
**Sent:** Monday, November 23, 2015 11:38 AM  
**To:** Thuy Nguyen  
**Subject:** FW: New Rx from Buck

Thuy,

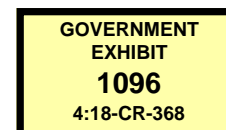
Per Brian, will you please see if this goes through.

Thank You

**Brad Madrid**  
**Marketing Director**  
 o: 713-325-2315 | c: 925-285-0659 | f: 855-388-5588  
 Pharms LLC | 4916 Main Street, Suite 110 | Houston, TX 77002



**From:** Brian [<mailto:brianski9966@gmail.com>]  
**Sent:** Monday, November 23, 2015 11:34 AM  
**To:** Brad Madrid



DOJ-SMUBSSB-0000161451  
 DOJ-SMUBSSB-0000161451-1

GX1096.001

**Subject:** Fwd: New Rx from Buck

See if this pays

Sent from my iPad

Begin forwarded message:

**From:** Jim Buckingham <jimbuck5656@gmail.com>

**Date:** November 23, 2015 at 11:59:00 AM EST

**To:** Brian Swiencinski <brianski9966@gmail.com>

**Subject: New Rx from Buck**

Brian,

Below and attached is Rx info from one of my people . Please run and let me know how it goes. All addresses are the same. Will send others shortly.

Thanks,

Buck

Kimberly Hohmann

DOB [REDACTED]

Sofia Koszoru

DOB [REDACTED]

Nick Hohmann

DOB [REDACTED]

Catherine Hohmann

DOB [REDACTED]





Providers: If Medicare is primary,  
pre certification is not required.

Please file medical claims with the Blue  
Cross and Blue Shield plan in the state  
where the services are rendered.  
If Medicare is primary, file claims to  
Medicare.

View provider listings, benefits, claims,  
and health and wellness information  
24 hours a day 7 days a week by  
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Possession of this card does not  
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[anthem.com](http://anthem.com)

Member Services	1-800-348-1966
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Pre Certification	1-800-348-1966
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Coverage While Traveling	1-800-810-2583
Provider Services	1-800-676-2583

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financial risk or obligation with respect to claims.

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BlueCross BlueShield

 **Dominion**

**KIMBERLY L HOHMANN**

Identification Number  
**IDJAN3628821**

Group: 009230018  
**Option D**  
Plan Codes: 834/332

Office Visit \$15  
Specialist \$25  
MH/SA \$15

Issue Date: 12/10/2013



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RxBIN 003858

RxPCN A4

RxGrp D5MA

Issuer

ID 9324951410

Name KIMBERLY L HOHMANN



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